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| (1390 REV. 5-93) US DEPT. OF COMMERCE PATENT & TRADEMARK OFFICE | | ATTORNEY'S DOCKET NUMBER 109 |
| TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371 | | U.S. APPLICATION NO. (if known, sec 37 C.F.R.1.5) |
| | | 09/830457 |
| INTERNATIONAL APPLICATION NO. PCT/IL99/00570 | INTERNATIONAL FILING DATE October 27, 1999 | PRIORITY DATE CLAIMED October 27, 1998 |
| TITLE OF INVENTION METHOD FOR GOLD DEPOSITION | | |
| APPLICANTS FOR DO/EO/US Erez BRAUN, Yoav EICHEN, Uri SIVAN | | |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information: | | |
| 1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 371. | | |
| 2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371. | | |
| 3. <input checked="" type="checkbox"/> This express request to begin national examination procedures (35 U.S.C. 371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 39(1). | | |
| <input checked="" type="checkbox"/> A proper Demand for International Preliminary Examination was made by the 19th month from the earliest claimed priority date. | | |
| <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) | | |
| a. <input type="checkbox"/> is transmitted herewith (required only if not transmitted by the International Bureau). | | |
| b. <input checked="" type="checkbox"/> has been transmitted by the International Bureau. | | |
| c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US) | | |
| <input type="checkbox"/> A translation of the International Application into English (35 U.S.C. 371(c)(2)). | | |
| <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) | | |
| a. <input type="checkbox"/> are transmitted herewith (required only if not transmitted by the International Bureau). | | |
| b. <input type="checkbox"/> have been transmitted by the International Bureau. | | |
| c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. | | |
| d. <input type="checkbox"/> have not been made and will not be made. | | |
| 8. <input type="checkbox"/> A translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)). | | |
| 9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)). | | |
| 10. <input type="checkbox"/> A translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)). | | |
| Items 11. to 16. below concern other document(s) or information included: | | |
| 11. <input type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98. | | |
| 12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. | | |
| 13. <input checked="" type="checkbox"/> A FIRST preliminary amendment. | | |
| <input type="checkbox"/> A SECOND or SUBSEQUENT preliminary amendment. | | |
| 14. <input type="checkbox"/> A substitute specification. | | |
| 15. <input checked="" type="checkbox"/> Entitlement to small entity status is hereby asserted. | | |
| 16. <input checked="" type="checkbox"/> Other items or information: Submission of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)). | | |

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| U.S. APPLIC/ C.F.R. 1.5) 09/830457 | INTERNATIONAL APPLICATION NO. PCT/IL99/00570 | ATTORNEY'S DOCKET NUMBER 109362 |
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| 17. <input checked="" type="checkbox"/> The following fees are submitted: Basic National fee (37 CFR 1.492(a)(1)-(5)): Search Report has been prepared by the EPO or JPO \$860.00 International preliminary examination fee paid to USPTO (37 CFR 1.482) \$690.00 No international preliminary examination fee paid to USPTO (37 CFR 1.482) but international search fee paid to USPTO (37 CFR 1.445(a)(2)) \$710.00 Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO \$1,000.00 International preliminary examination fee paid to USPTO (37 CFR 1.482) and all claims satisfied provisions of PCT Article 33(2)-(4) \$ 100.00 ENTER APPROPRIATE BASIC FEE AMOUNT = | CALCULATIONS | PTO USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------------|---------------------|--------------|-----------------------|----|--|--------------|----------|----|------------|----------|--|--------------------|--------|---|------------|----|--|---|--|--|------------|----|--|--------------------------------------|--|--|--|------------|--|---|--|--|--|------------|--|-------------------|--|--|--|----------|--|---|--|--|--|----|--|-----------------------------|--|--|--|----------|--|--|--|--|--|-----------------------|----|--|--|--|--|---------|----|--|--|
| Surcharge of \$130.00 for furnishing the oath or declaration later than <input checked="" type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)). | \$860.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Claims</th> <th style="width: 20%;">Number Filed</th> <th style="width: 10%;">Number Extra</th> <th style="width: 10%;">Rate</th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> </tr> <tr> <td>Total Claims</td> <td>42- 20 =</td> <td>22</td> <td>X \$ 18.00</td> <td>\$396.00</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>3- 3 =</td> <td>0</td> <td>X \$ 80.00</td> <td>\$</td> <td></td> </tr> <tr> <td colspan="3">Multiple dependent claim(s) (if applicable)</td> <td>+ \$270.00</td> <td>\$</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL OF ABOVE CALCULATIONS =</td> <td>\$1,256.00</td> <td></td> </tr> <tr> <td colspan="4">Reduction by 1/2 for filing by small entity, if applicable.</td> <td>- \$628.00</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL =</td> <td>\$628.00</td> <td></td> </tr> <tr> <td colspan="4" style="vertical-align: top;"> Processing fee of \$130.00 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 month from the earliest claimed priority date (37 CFR 1.492(f)). </td> <td style="text-align: center; vertical-align: top;">\$</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL NATIONAL FEE =</td> <td>\$628.00</td> <td></td> </tr> <tr> <td colspan="4"></td> <td style="text-align: center;">Amount to be refunded</td> <td style="text-align: center;">\$</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: center;">Charged</td> <td style="text-align: center;">\$</td> </tr> </table> | Claims | Number Filed | Number Extra | Rate | | | Total Claims | 42- 20 = | 22 | X \$ 18.00 | \$396.00 | | Independent Claims | 3- 3 = | 0 | X \$ 80.00 | \$ | | Multiple dependent claim(s) (if applicable) | | | + \$270.00 | \$ | | TOTAL OF ABOVE CALCULATIONS = | | | | \$1,256.00 | | Reduction by 1/2 for filing by small entity, if applicable. | | | | - \$628.00 | | SUBTOTAL = | | | | \$628.00 | | Processing fee of \$130.00 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 month from the earliest claimed priority date (37 CFR 1.492(f)). | | | | \$ | | TOTAL NATIONAL FEE = | | | | \$628.00 | | | | | | Amount to be refunded | \$ | | | | | Charged | \$ | | |
| Claims | Number Filed | Number Extra | Rate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | 42- 20 = | 22 | X \$ 18.00 | \$396.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | 3- 3 = | 0 | X \$ 80.00 | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple dependent claim(s) (if applicable) | | | + \$270.00 | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL OF ABOVE CALCULATIONS = | | | | \$1,256.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reduction by 1/2 for filing by small entity, if applicable. | | | | - \$628.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL = | | | | \$628.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Processing fee of \$130.00 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 month from the earliest claimed priority date (37 CFR 1.492(f)). | | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL NATIONAL FEE = | | | | \$628.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Amount to be refunded | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Charged | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| a. <input checked="" type="checkbox"/> Check No. <u>118531</u> in the amount of <u>\$628.00</u> to cover the above fees is enclosed. b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed. c. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. <u>15-0461</u> . A duplicate copy of this sheet is enclosed. | <div style="text-align: center;">  NAME: James A. Oliff REGISTRATION NUMBER: 27,075 NAME: Thomas J. Pardini REGISTRATION NUMBER: 30,411 </div> |
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NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.

SEND ALL CORRESPONDENCE TO:
 OLIFF & BERRIDGE, PLC
 P.O. Box 19928
 Alexandria, Virginia 22320